

AMENDED IN SENATE MAY 14, 1996

**SENATE BILL**

**No. 2005**

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**Introduced by Senator Thompson**

February 23, 1996

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An act to amend Sections 105325, 105330, and 105335 of the Health and Safety Code, relating to communicable disease, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

SB 2005, as amended, M. Thompson. Communicable disease.

Existing law sets forth legislative findings and declarations with regard to the exposure of California health care workers and professionals to risks of infection from deadly, bloodborne diseases and states the intent of the Legislature to reduce this exposure. Existing law requires the program on occupational health and occupational disease prevention of the State Department of Health Services to, among other things, review and analyze existing studies, data, and other information on safety-enhanced product design of medical devices that place health care workers at risk of exposure to bloodborne diseases in coordination with the Division of Occupational Safety and Health of the Department of Industrial Relations. Existing law requires the department, to the extent funding is available, to conduct demonstration projects to test the use of safety enhanced medical devices at health facilities that volunteer to participate in the projects.

This bill would revise the findings and declarations, and the statement of intent of the Legislature. ~~The bill would~~

~~specifically require the department to conduct 10 demonstration projects as described above.~~ The bill would add the following activities to those that the department is required to perform for purposes of these provisions: convene an advisory committee with 10 members as prescribed to assist the department in implementing these provisions, develop user-based performance standards to evaluate medical devices, implement a statewide sharps exposure surveillance system, and at least annually, disseminate to specified facilities and agencies a summary of the data collected from the sharps exposure surveillance system and demonstration sites.

Existing law provides that the duties required by these provisions shall be performed to the extent the department obtains funds from private sources and the federal government.

This bill, instead, would appropriate \$~~\_\_\_\_\_~~ \$145,000 from the General Fund to the department for purposes of the program on occupational health and occupational disease prevention to perform the duties required by those provisions. The bill would authorize the program to solicit and accept grant funding from public and private sources to supplement state funds.

Vote:  $\frac{2}{3}$ . Appropriation: yes. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 105325 of the Health and Safety  
2 Code is amended to read:  
3 105325. The Legislature hereby finds and declares all  
4 of the following:  
5 (a) In California, more than 700,000 health care  
6 workers and professionals, such as nurses, physicians and  
7 surgeons and housekeeping staff, daily put their lives at  
8 risk of infection from deadly, bloodborne diseases in order  
9 to provide health care for all Californians.  
10 (b) Contaminated needlestick and other sharp  
11 instrument injuries ~~extract an enormous toll on our health~~  
12 ~~care system, threatening~~ *threaten* the well-being of

1 medical professionals and ~~costing~~ *cost* health care  
2 providers millions of dollars annually.

3 (c) An estimated 800,000 needlestick and other sharp  
4 injuries from contaminated medical devices occur in  
5 health care settings each year. However, due to  
6 underreporting of these injuries, this estimate may be  
7 higher by as much as 20 to 50 percent.

8 (d) Health care workers in California are at high risk  
9 of infection from bloodborne pathogens, including  
10 Hepatitis B, Hepatitis C, and Human Immunodeficiency  
11 Virus (HIV), the causative agent of Acquired  
12 Immunodeficiency Syndrome (AIDS).

13 (e) Nationwide, approximately 4,500 health care  
14 personnel are infected with Hepatitis B per year as a  
15 result of occupational exposure. The number of health  
16 care personnel infected has been reduced but not  
17 eliminated with the use of the Hepatitis B vaccine.

18 (f) As of December 1994, 42 cases of occupational  
19 exposure to HIV have been conclusively documented by  
20 the federal Centers for Disease Control and studies  
21 estimate that it is likely that several hundred health care  
22 workers nationwide have been infected with HIV on the  
23 job.

24 (g) Some bloodborne diseases, including infection  
25 with HIV, can be prevented only through avoiding  
26 exposure to the pathogen.

27 (h) While most health care employers have  
28 implemented rigorous, universal infection control  
29 procedures, requiring gloving and other protective  
30 equipment, exposure to bloodborne diseases continues to  
31 be a major risk for health care workers.

32 (i) As the federal Occupational Safety and Health  
33 Administration has noted, gloving and other protective  
34 devices cannot prevent puncture injuries from needles  
35 and other sharp instruments.

36 (j) Medical devices, such as needles and intravenous  
37 tubing, are reviewed by the federal Food and Drug  
38 Administration for patient safety and efficacy but are not  
39 reviewed by any state or federal agency for worker safety.

(k) It is estimated that improved product design of medical devices, such as needles, syringes, connectors for intravenous tubes, and vacuum tubes used to draw blood could reduce injuries involving exposure to blood by as much as 85 percent.

~~(l) Health facilities have no ongoing and reliable source of information on the prevention of sharp instrument injury and on the types of medical devices available and their comparative safety, efficacy, ease of use, acceptability by staff and patients, and cost. This lack of information forces facilities to unnecessarily duplicate independent evaluations to determine this information in a haphazard and inefficient manner. Mechanisms are~~

*(l) Statewide mechanisms are needed for the collection and dissemination of information to guide institutions in deciding from among the many product options and determining the most appropriate protective devices for their situation.*

(m) The development of standardized user-based performance standards will allow health facilities to better evaluate safer devices and permit better comparisons across institutions.

(n) Improvements in device and procedure-specific injury surveillance and information dissemination may increase market pressure to further improve medical device product design and enhance product evaluation.

(o) Potential savings to the health care system from preventing exposure to bloodborne pathogens include reduced cost of followup procedures which occur following a sharps injury, such as source and employee testing, counseling, and prophylactic treatment. In addition, costs related to lost work time, personnel, insurance, possible legal problems, and workers compensation could be diminished.

SEC. 2. Section 105330 of the Health and Safety Code is amended to read:

105330. It is the intent of the Legislature in enacting this chapter to reduce exposure of health care personnel to deadly, bloodborne diseases by encouraging the development and use of medical devices that are

1 designed to assure worker safety, the safety of patients,  
2 and the efficacy of the device.

3 SEC. 3. Section 105335 of the Health and Safety Code  
4 is amended to read:

5 105335. (a) The program on occupational health and  
6 occupational disease prevention of the department shall  
7 do all of the following:

8 (1) In coordination with the Division of Occupational  
9 Safety and Health of the Department of Industrial  
10 Relations, review and analyze existing studies, data, and  
11 other information on safety-enhanced product design of  
12 medical devices that place health care workers at risk of  
13 exposure to bloodborne diseases including, but not  
14 limited to, syringes and intravenous tubing that have  
15 sharp points.

16 (2) Collect and evaluate information from health  
17 facilities that are using medical devices that have been  
18 redesigned to enhance worker safety.

19 (3) Convene an advisory committee with 10 members  
20 representing government agencies, health care  
21 employers, health care employees' labor organizations or  
22 associations, recognized researchers in this field, and line  
23 health care workers. The advisory committee shall  
24 comply with the following procedures and requirements.

25 (A) The advisory committee shall meet at least  
26 quarterly.

27 (B) The advisory committee members shall receive no  
28 compensation, but shall be reimbursed for actual and  
29 necessary expenses incurred in the performance of their  
30 duties.

31 (C) The advisory committee shall assist the  
32 department in implementing this section including, but  
33 not limited to, the development of user-based  
34 performance standards and the issuance of safety  
35 advisories.

36 (4) Develop user-based performance standards, a  
37 standardized tool to be used by demonstration project  
38 participants and other health facilities, to evaluate  
39 medical devices.

1 (5) To the extent that funding is available, conduct 40  
2 demonstration projects to test the use of safety enhanced  
3 medical devices at health facilities that volunteer to  
4 participate in these projects. ~~If more than 10 health~~  
5 ~~facilities volunteer to participate, the program, in~~  
6 ~~consultation with the advisory committee, shall choose~~  
7 ~~facilities that vary in type, size, and location.~~

8 (6) Implement a statewide sharps exposure  
9 surveillance system, such as the Exposure Prevention  
10 Information Network, that shall include, but not be  
11 limited to, device and procedure-specific incidence of  
12 needlestick and other sharps injuries. ~~All licensed health~~  
13 ~~facilities, as well as licensed home health care agencies,~~  
14 ~~shall be required to participate in this surveillance system~~  
15 ~~by reporting all needlestick and other sharps injuries to~~  
16 ~~the program.~~

17 (A) *The surveillance system shall be phased in,*  
18 *contingent upon available funding, to eventually include*  
19 *all licensed health facilities and licensed home health care*  
20 *agencies.*

21 (B) *Licensed health facilities and licensed home*  
22 *health care agencies that do not have the technical*  
23 *capability to implement a computerized surveillance*  
24 *system shall be given a manual option for reporting the*  
25 *data required by the surveillance system.*

26 (7) At least annually, the program shall disseminate a  
27 summary of the data collected from the sharps exposure  
28 surveillance system and demonstration sites, the  
29 activities of the advisory committee, and other  
30 information deemed appropriate. This summary shall be  
31 distributed to all licensed health facilities, licensed home  
32 health care agencies, the Division of Occupational Safety  
33 and Health of the Department of Industrial Relations,  
34 and otherwise made available upon request.

35 (8) Report to the Legislature and the Department of  
36 Industrial Relations its findings regarding the use of  
37 safety-enhanced product design for medical devices.  
38 These findings shall include analysis and  
39 recommendations regarding projected cost savings to

1 health facilities, actual improvement in worker safety,  
2 and continued patient safety and efficacy.

3 (b) The program may solicit and accept grant funding  
4 from public and private sources to supplement state  
5 funds.

6 SEC. 4. The sum of ~~\_\_\_\_\_(\$\_\_\_\_\_)~~ of one  
7 *hundred forty-five thousand dollars (\$145,000)* is  
8 appropriated from the General Fund to the State  
9 Department of Health Services for purposes of the  
10 program on occupational health and occupational disease  
11 prevention to perform the duties required by Section  
12 105335 of the Health and Safety Code.

